

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

09/686029

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20 = * |              |
| INDEPENDENT CLAIMS  | minus 3 = *  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     |        |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   |                                  |       |                                    |               |
| Total   | * 65                             | Minus | ** 67                              | =             |
| Independent   | * 8                              | Minus | *** 8                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY OR

OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              | 1                      | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   |                                  |       |                                    |               |
| Total   | * 27                             | Minus | ** 47                              | =             |
| Independent   | * 4                              | Minus | *** 8                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
|   |                                  |       |                                    |               |
| Total   | *                                | Minus | **                                 | =             |
| Independent   | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.